

<b>REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)</b>		THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES 01 11	
1. REQUEST NO. N00173-13-Q-0014		2. DATE ISSUED 10/31/2012		3. REQUISITION/PURCHASE REQUEST NO. 81-2002-13	
5a. ISSUED BY Supply Officer (Code 3410) NRL Washington DC 20375-5329		4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1		6. DELIVER BY (Date) 12/13/2012	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)		7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)		RATING	
NAME Cynthia V. Offutt		TELEPHONE NUMBER AREA CODE 202 NUMBER 767-3452		9. DESTINATION a. NAME OF CONSIGNEE Naval Research Laboratory	
8. TO: a. NAME All Quoters		b. COMPANY		b. STREET ADDRESS 4555 Overlook Ave S.W. Bldg 49	
c. STREET ADDRESS		c. CITY Washington		d. STATE DC	
d. CITY		e. STATE		f. ZIP CODE 20375-5329	
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 11/13/2012		IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.			
<b>11. SCHEDULE (Include applicable Federal, State and local taxes)</b>					
ITEM NO. (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	See attached continuation sheets				
12. DISCOUNT FOR PROMPT PAYMENT		a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS NUMBER PERCENTAGE
NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached.					
13. NAME AND ADDRESS OF QUOTER		14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION	
a. NAME OF QUOTER		16. SIGNER a. NAME (Type or print)		b. TELEPHONE	
b. STREET ADDRESS				AREA CODE	
c. COUNTY		c. TITLE (Type or print)		NUMBER	
d. CITY		e. STATE		f. ZIP CODE	

STANDARD FORM 36 JULY 1966 GENERAL SERVICES ADMINISTRATION FED. PROC. REG. (41 CFR) 1-16.101		CONTINUATION SHEET		REF. NO. OF DOC. BEING CONT'D N00173-13-Q-0014		PAGE OF 2 11	
NAME OF OFFEROR CONTRACTOR							
All Quoters							
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT		
0001	<p>Dimension SST 1200es Printer Package-Printer Package            Includes: Dimension SST 1200es 3D Printer, Printer Stand,            Water Solution Tank, Case of Soluble Concentrate, 1 Year of            Printer Maintenance, Printer Installation, Training, Follow up            Visit.</p> <p>Brand Name or Equal</p> <p>If available please include a published price list or a cost            breakdown and return the RFQ package to the following fax            number 202-767-3875/6675.</p> <p>Any questions concerning this Request for Quotation (RFQ) must            be emailed to SolQnA@nrl.navy.mil at least five (5) days before            the closing date shown in block 10 on page 1 of this RFQ.</p>	1	ea				